

PTO/SB/82 (01-05)

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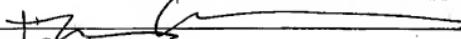
Application Number	10/568656
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First Named Inventor	Roman Coppola
Art Unit	2851
Examiner Name	To be assigned
Attorney Docket Number	101070.0001US

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 24392 Please change the correspondence address for the above-identified application to: The address associated with
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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

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